MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/5 ? ? 0	

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51						
2								52						
3								53						
4								54						
5								55						
6								56						
7								57						
8								58						
9								59						
10								60						
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13								63						
14								64						
15								65						
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36								86						
37								87						
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39								89						
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41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	↓		3 ↓		↓			TOTAL IND.	↓		↓		↓	
TOTAL DEP.		←	8 ←		←			TOTAL DEP.		←		←		←
TOTAL CLAIMS			11					TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)